Integrating HIV Rapid Testing into Programs Through Training

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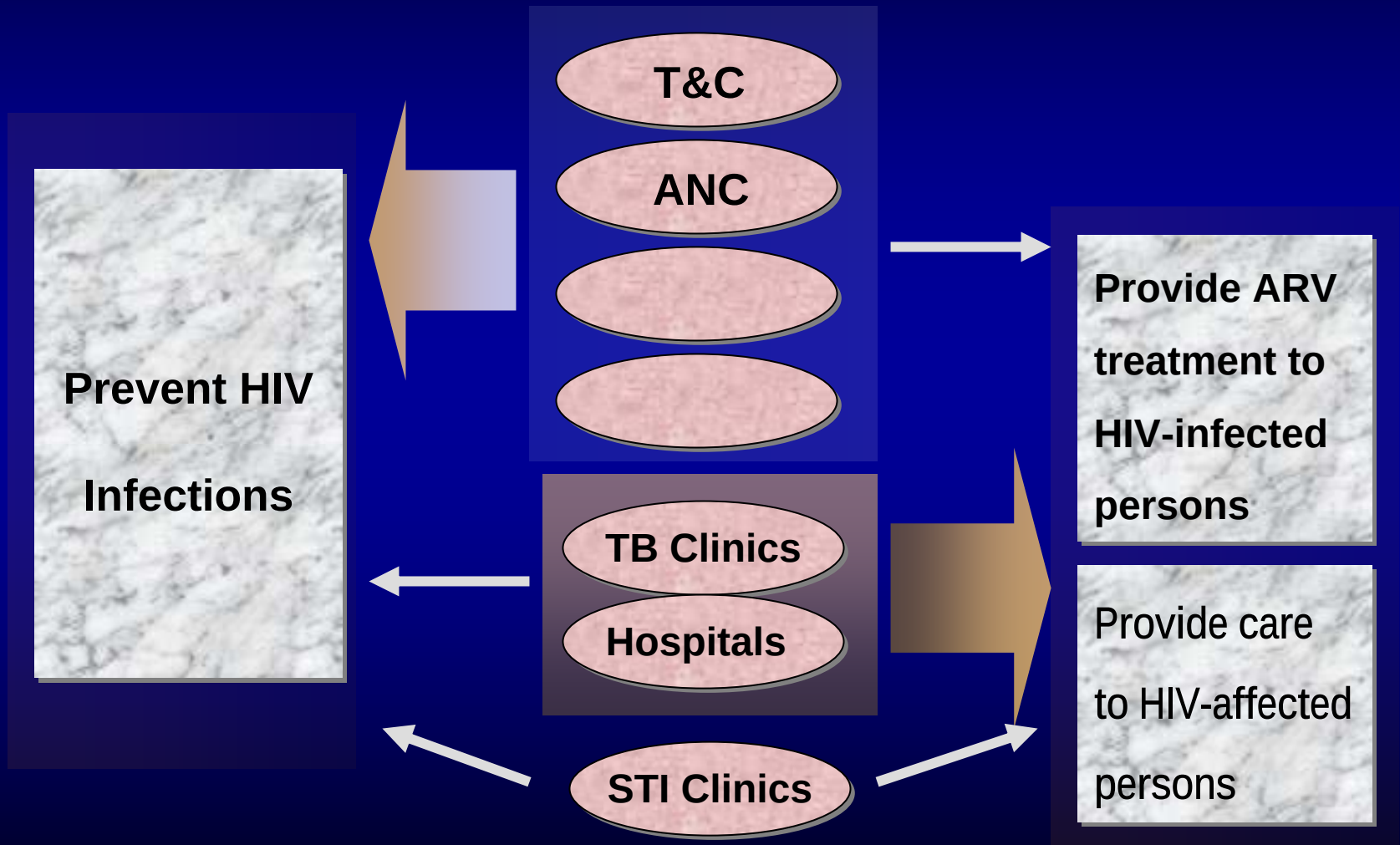
HIV Testing Occurs in Different Settings



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Building Laboratory Capacity in Support of HIV/AIDS Prevention and Care Programs in Resource-limited Countries

NICD

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Integrating HIV Rapid Tests into Programs

Integration of testing into services will need to be addressed through a systems framework:

- Development of sound policies around testing
- Establishment of national testing algorithms
- High quality training and supervision
- Ongoing assurance of the Quality of tests and testing

Considerations for HIV Rapid Tests Training

Systematic process

- Training: starting with sensitization of key stake holders (critical mass)
- Establish institution and individual training partnerships
- Include training in program curricula (CT, PMTCT, TB, STI)
- Establish a national Quality Assurance program around testing (before, during and after testing)
- Expand training geographically in line with programs

Training Package - Goal

- Accuracy
- Reliability
- Quality
- Safety

Training Package – Target Audiences

- Laboratory technologists
- Nurses and other health care workers
- Counselors (CT, PMTCT, TB, STI)

Training Package – Modular Format

- Context – (3 modules)
- Solution
  - Technologies (4 modules)
  - Quality Assurance (9 modules)

Training Package - Components

- Trainers guide
- Participants manual
- PowerPoint presentations
- Training videos/DVD
- Job aids

Training Package – Trainers Notes

Each module:

- Starts with an outline describing the process and learning objectives
- Timing of sessions
- Training tips
- Customization notes

Framework For a Systematic Rollout

- Alignment
- Readiness
- Implementation
- Monitoring and Evaluation

Continuous Monitoring & Evaluation

- Support for effective use of HIV Rapid tests is not a single event
- Implement and support a QA program around HIV rapid test
- Implement institutional/individual reward and process improvement programs
- Maintain high-level advocacy

Examples of Country Experiences

- Uganda

  Direct MOH involvement with rapid expansion to public and private sector

- Tanzania

  MOH contractual arrangement with AMREF for implementation to public and private sectors

- Namibia

  MOH contractual agreement with I-tech for implementation to public and private sectors

Summary

- Testing needs are huge and continue to grow
- Testing is conducted in a variety of sites by persons with varying levels of experience
- HIV rapid tests work and should be integrated into programs
- Programs are scaling up and so is HIV testing
- Policies and standard to ensure best use of tests are vital
- Quality assurance is a major challenge to meet
- Well planned, quality training is essential to the successful implementation of national testing programs
- The HIV Rapid Tests Training package could contribute immensely to meeting national testing goals with “Accuracy”, “Reliability”, “Quality” and “Safety” as the basic foundation for effective training

Summary

- No one can do it alone – the Government of South Africa, together with bilateral, multilateral partners, NGOs, CBOs, FBOs and the private sector should work together to take advantage of the opportunity that the HIV Rapid Tests Training and Quality Assurance package offers to improve access to the expanding interventions.

NEW START VCT SITES

- **NICD currently serves three sites in S.A:**
- **Gauteng**
- **KZN**
- **WCP**

SERVICES OFFERED BY NICD

- **Supply controls to VCT sites (Neg, LPOS and HPOS). Controls prepared and characterized at NICD. These are serum samples and are transported frozen. 6 vials of each control is sent to each site every three months**
- **NICD provides quality assurance for these sites by testing every 10th visiting patient on ELISA tests.**

TRANSPORTATION OF DBS SPECIMENS

- **Specimens are transported at RT°C to NICD in batches from these sites.**
- **Specimens are transported in sealed plastic bags with desiccant. DBS cards are separated with filter paper.**
- **A quality assurance (QA) register containing patient details and HIV results at the site is sent together with the specimens.**

SPECIMEN PROCESSING AT NICD

- **When specimens arrive at NICD, the details on the QA register is checked against the details on the DBS specimen cards.**
- **NICD staff sign and date the QA register on receipt.**
- **Missing or mislabeled specimens are queried by contacting the site**
- **Specimens are processed according to SOPS**
- **Specimens are tested using WHO strategy III protocol**

REPORTING OF RESULTS

- **Results are entered onto the quality assurance register and faxed to the VCT site.**
- **Discrepant results are highlighted and the site is contacted.**

DISCREPANT/DISCORDANT RESULTS

- **The VCT site tries to trace the client if the results are discrepant**
- **If client can be traced they are counseled**
- **If clients cannot be traced the VCT site does not able to investigate the discrepant results**
- **Sometimes the client comes back for a follow-up visit and when this happens, they will be counseled**
- **Clients are very difficult to trace because:**
  - **They do not give their correct name**
  - **They do not give their correct address and contact details**

CONSTRAINTS AND CHALLENGES

- When DBS specimens are received they are not separated properly
- Contamination is a possibility
- Site managers contacted to re-enforce the importance of separating the DBS cards
- No feedback from site managers
- Laboratory tests specimens regardless but exercises caution when interpreting results.
- Laboratory advises CT staff on when QC is not performing optimally